

Fax sent by : 8732626569
 Fax from : 61 7 3229 3384

A4->A4 11/05/01 15:48 Pg: 3/5
 11/05/01 15:54

US

Annex I.5.III, page 2

PCT Applicant's Guide - Volume II - National Chapter - US

Please type a plus sign (+) inside this box



PTO/BB/01 (12-97)
 Approved for use through 8/22/00, OMB 0351-0002
 Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION --- Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119 of any United States application(s), or 365(a) of any [NOT] international application designating the United States of America, filed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/BB/02A attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Address	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/BB/02B attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☐ Correspondence address below

Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the use of false information punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed in this unsigned inventor

Given Name (first and middle if any)		Family Name or Surname	
Michael Matthew		HOURN	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
CARINDALE	IND	AU	ALL
Post Office Address			
14 Kinrade Place			
Post Office Address			
City	State	ZIP	Country

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/BB/02A attached hereto

(Page 2 of 2)

Fax sent by : 8732625569
 Fax from : 61 7 3229 3384

A4->A4 11/05/01 15:48 Pg: 4/5
 11/05/01 15:48 Pg: 4/5

US

PCT Applicant's Guide - Volume II - National Chapter - US

Annex US.III, page 3

Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/US/01A (2-97)

Approved for use through 9/30/01. OMB 0051-0002
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page ____ of ____
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Rodrigo Ulep		VENTURA					
Inventor's Signature	<i>[Signature]</i>					Date	11/05/2001
Residence: City	SUNNYBANK HILLS	State	QLD	Country	AU	Citizenship	AM
Post Office Address	30 Haldale Street						
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
John Anthony		WILLIS					
Inventor's Signature	<i>[Signature]</i>					Date	
Residence: City	EMERWOOD	State	QLD	Country	AU	Citizenship	AM
Post Office Address	56 Chancellor Street						
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
David		WINBORNE					
Inventor's Signature	<i>[Signature]</i>					Date	11/05/01
Residence: City	MITCHELTON	State	QLD	Country	AU	Citizenship	AM
Post Office Address	65 Elbury Street						
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual entity. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

(July 1998)

Fax sent by : 0732626569
Fax from : 01 7 3223 3384A4->A4 11/05/01 15:48 Pg: 2/5
11/05/01 13:34 Pg: 2/5

US

PCT Applicant's Guide - Volume II - National Chapter - US

Annex US.III. page 1

Please type a plus sign (+) inside this box → **+**

PTO/BB/01 (12-97)

Approved for use through 8/30/00, OMB US91-0002
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**☐ Declaration
Submitted
with Initial
Filing
OR
☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Dock# Number

First Named Inventor

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed not for which a patent is sought on the invention entitled:

Michael Matthew HURN

the specification of which

(Title of the invention)

☐ is contained herein

OR

☒ was filed on (MM/DD/YYYY) 05/20/1999

as United States Application Number or PCT International

Application Number PCT/AU99/00796 was submitted on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendments specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 35(b) of any foreign application(s) for patent or inventor's certificate, or 35(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application in which priority is claimed.

Prior Foreign Application (Number(s))	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
PP6025	AU	09/21/1998	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
PP6313	AU	10/06/1998	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/BB/025 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(a) of any United States provisional application(s) listed below.

Application Number(s)

Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/BB/025 attached hereto.

(Page 1 of 1)

Duration of this Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the content of this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

(July 1998)